MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92a

CERTIFICATE OF DEATH

09958

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Henry Brittingham

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Hester Virginia Brittingham

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 12, 1850

8. AGE: Years	Months	Days	If less than one day
89	10	23	hrs. min.

9. Birthplace: Worcester County-Maryland
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER 12. Name: William Brittingham

FATHER 13. Birthplace: Worcester County- Md.

MOTHER 14. Maiden name: Harriet Walker

MOTHER 15. Birthplace: Somerset County, Md.

16. Informant: William Mills

Address: 4th Street, Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 8 40 (month) (day) (year)

Cemetery or crematory: Methodist Cemetery

Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. Sept. 8 1940 (Date rec'd by registrar) Irma E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9/5/40 19 at 1:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/3 19 to 9/5 1940, and that I last saw him alive on 19

Immediate cause of death: Acute Pneumonia — DURATION: 4 days

Due to:

Due to:

Other conditions: Aortic disease — years

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. E. Parkinson M. D. or other

Address: Pocomoke City Md Date signed 9/6/40

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OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09959

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Snow Hill Rural #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mo 11 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill Rural #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Marie Fisher

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 11 - 1940

8. AGE:

Years	Months	Days	If less than one day
	4	11	____ hrs. ____ min.

9. Birthplace: Snow Hill Worcester MD (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name: George Taylor

13. Birthplace: Maryland

MOTHER 14. Maiden name: Sallie Fisher

15. Birthplace: Maryland

16. Informant: George Taylor

Address: Snow Hill MD Rural #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 23 40 (month) (day) (year)

Cemetery or crematory: Coulbourne

Location: Snow Hill MD

18. Funeral director: Pearre & Dennis

Address: Snow Hill MD

19. 9/23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 22 1940 at 12 03 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____

and that I last saw h____ alive on ____ 19____

Immediate cause of death	DURATION
Acute Gastro Enteritis	
Due to: Intoxication	1 day
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wm F. Riley Dep Med Exam M. D. or other

Address: Snow Hill Md Date signed: 9/23/40

121

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OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-E)

09960

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County Worcester
City or town Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sarah E. Gibbs

3. (b) Social Security Number —

4. Sex: Female
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles H. Gibbs
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Oct. 6, 1851

8. AGE: Years 88 | Months 11 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name: James Nock
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Dryden
15. Birthplace: Md.

16. Informant: Charles H. Gibbs
Address: Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 2, 1940 (month) (day) (year)
Cemetery or crematory: Buckingham
Location: Berlin Md.

18. Funeral director: J. W. Burbage
Address: Berlin Md.

19. 10-2- 1940 (Date rec'd by registrar) Helen T. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Cerebral Hemorrhage
Due to
Due to
Other conditions: Chr. nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: 3 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Chas. R. Law M.D. (M. D. or other)
Address Berlin Md Date signed 10-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I) (M)

RECEIVED
NOV 4 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

09861

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 mo 5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Snow Hill Rural #1
(If outside city of town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Loretta Ginn

3. (b) Social Security Number None

4. Sex Female

5. Color or race Colored

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31 - 1940

8. AGE: Years | Months 5 | Days 5 | If less than one day hrs. min.

9. Birthplace ~~Snow Hill Worcester Md~~ CHESTER, PA (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Horace Ginn
13. Birthplace Maryland

MOTHER
14. Maiden name Bertha Young
15. Birthplace Virginia

16. Informant Bertha Kimmer

Address Snow Hill Md Rural #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 7/40 (month) (day) (year)

Cemetery or crematory Georgetown

Location Pocomoke City Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 9/7/40 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1940 at 3 15 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 30 1940 to Sept. 6 1940 and that I last saw her alive on September 5 1940

Immediate cause of death Broncho-Pneumonia — DURATION 24 hrs.

Due to Acute Bronchitis — 1 week

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. Sherwood Ferris, M.D. M. D. or other

Address Snow Hill, Md. Date signed 9/6/40

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09962

119-a

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:
County: Worcester
City or town: near Girdletree
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: near Girdletree
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Jenett ~~Gnett~~ Harmon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	S

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 9, 1940

8. AGE:

Years	Months	Days	If less than one day
0	6	18	..... hrs. ..... min.

9. Birthplace: Baltimore, md (Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name: Clifford Clifton Harmon
13. Birthplace: Girdletree

MOTHER
14. Maiden name: Thelma Taylor
15. Birthplace: Girdletree

16. Informant: father - Clifford Harmon
Address: Girdletree

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 27 1940 (month) (day) (year)
Cemetery or crematory: Coal Spring Cemetery
Location: Girdletree, Md
18. Funeral director: Irving Bennett
Address: Stockton, Md

19. Sept. 27 1940 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 27 1940, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27 1940, to — 19..... and that I last saw h.e.r. alive on Aug 27, 1940 19.....

Immediate cause of death	DURATION
Gastro - enteritis	
Due to: Baby was visited by public health nurse, no	
Due to: I know that cause of death is gastro enteritis	
Other conditions: Some disease she had when I saw her.	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W R Willard M. D. or other
Address: Pocomoke Md Date signed 9/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

09963

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:

County Worcester

City or town Near Bishopville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter E. Hudson.

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Clara Hudson.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 29. 1875

8. AGE: Years 65 | Months 4 | Days 9. | If less than one day hrs. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Retired Coastguard

11. Industry or business

FATHER
12. Name Charles Hudson.
13. Birthplace Md.

MOTHER
14. Maiden name Anna R. Hudson.
15. Birthplace Md.

16. Informant Clara Hudson

Address Bishops Md R.D

17. Alfred Lynch Cem Selbyville Del Date thereof Sept 16 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director Margaret H. Watson

Address Pocomoke Md.

19. Sept. 10 1940 Mrs Ray Berger
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8 1940, at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/5 1940, to 9/8 1940, and that I last saw him alive on 9/8 1940.

Immediate cause of death Acute Cardiac Insufficiency

Due to Diabetic arteriosclerosis

Due to Diabetic acidosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S M Berger MD.
M. D. or other

Address Selbyville Del Date signed 9/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

09964

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Berlin md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Berlin md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. no

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Clara Jannan

3. (b) Social Security Number 222-03-8333

4. Sex: female

5. Color or race: a-a.

6. (a) Single, married, widowed, or divorced: married

6(b) Name of husband or wife Charles T Jannan

6(c) If alive, give age don't know years

7. Birth date of deceased (mo., day, yr.) June 11 1892

8. AGE: Years 47 | Months 3 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Berlin md (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business no

FATHER

12. Name Wm Robins

13. Birthplace Berlin md

MOTHER

14. Maiden name Susan Dennis

15. Birthplace Berlin md

16. Informant Mrs Susan Smack

Address Berlin md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 20-1940 (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin md

18. Funeral director James F. Stewart

Address Salisbury Md

19. 9-20- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1940, at 5-45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to Sept 16 1940, and that I last saw her alive on Sept 13 1940

Immediate cause of death Chronic Int. erstitial Nephritis

DURATION -?-

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford E. Schott M. D. or other

Address Berlin Md Date signed 9-16-40.

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OCT 3 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09965

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 77 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war 70

3.(a) FULL NAME John M. Johnson

3.(b) Social Security Number None

4. Sex: Male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Priscilla Johnson
6.(c) If alive, give age 74 years
7. Birth date of deceased (mo., day, yr.): September 4 — 1863

8. AGE: Years 77 | Months 0 | Days 10 | If less than one day ... hrs. ... min.

9. Birthplace (Town, county, and state): Snow Hill Worcester Md
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Henry Johnson
13. Birthplace: Maryland
MOTHER 14. Maiden name: Ellen Bishop
15. Birthplace: Maryland
16. Informant: Annie J. Johnson
Address: Girdletree Md Rural #1
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 17 40 (month) (day) (year)
Cemetery or crematory: Woodlawn
Location: Girdletree Md
18. Funeral director: Deane & Simmons
Address: Snow Hill Md
19. 9/17 (Date rec'd by registrar) 1940 L.E. Loy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 14 1940, at 5-30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20, 1940 to Sept. 14, 1940 and that I last saw h... alive on Sept. 13, 1940.

	DURATION
Immediate cause of death: Chr. Myocarditis	Unk.
Due to: Arterio-sclerosis	Unk.
Due to: Hypertension	Unk.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. H. Sembly M.D. M. D. or other
Address Salisbury Date signed Sept. 17, 40

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OCT 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09966

1. PLACE OF DEATH

County Worcester Registration Dist. No. 351

Village or City Berlin Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ruffey Jones Johnson

(a) Residence: No. Berlin Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Bay

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 27, 1940

7. AGE Years Months 4 Days 3 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Erwin Johnson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Beulah Ross

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Erwin Johnson (Address) Berlin Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Coolspring Cem. Date Sept. 9, 1940

19. UNDERTAKER Hearne & Dennis (Address) Snow Hill Md

20. FILED 9/9/, 1940 LeRoy Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1940, to Sept 9, 1940

I last saw him alive on Sept 7, 1940; death is said to have occurred on the date stated above, at 12:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Malnutrition	Birth
Primary cause: Gastroenteritis	
Duration: Not known. C.W.G.R.	

Other Contributory Causes of Importance: —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (185)

CERTIFICATE OF DEATH

09967

Reg. Diat. No. 955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester.

City or town: Berlin.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester.

City or town: Berlin.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Shirley Eleanor Joseph.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single.

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1940

8. AGE:

Years	Months	Days	If less than one day
	7	24	hrs. min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Raymond Joseph.

FATHER 13. Birthplace: Maryland.

MOTHER 14. Maiden name: Rose Radzimis

MOTHER 15. Birthplace: New York.

16. Informant: Mrs. Raymond Joseph.

Address: Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/4/40 (month) (day) (year)

Cemetery or crematory: Evergreen.

Location: Berlin Md.

18. Funeral director: J. W. Burbage

Address: Berlin Md

19. 9-4 1940 (Date rec'd by registrar) Helen G. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 4 1940 at 12 Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Burned to death in fire	
Due to: House burned	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 9/4/40

Where did injury occur? Berlin (City or town) Worcester (County) Md (State)

Injured at home, farm, industry, public place (where?) House

Means of injury House burned Injured at work?

23. SIGNATURE: John L Riley Dep Med Exam
M. D. or other

Address: Snow Hill Md Date signed 9/4/40

RECEIVED
OCT 3 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09968

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: near Pocomoke City Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke City Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Lankford

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 4, 1916

8. AGE:

Years	Months	Days	If less than one day
24	2	26	hrs. min.

9. Birthplace: Pocomoke City, Md. R.F.D.
(Town, county, and state)
10. Usual occupation: Farm Laborer
11. Industry or business

FATHER
12. Name: Robert H. Lankford
13. Birthplace: Maryland

MOTHER
14. Maiden name: Florence Corbin
15. Birthplace: Worcester Co., Md.

16. Informant: Mrs. Florence Lankford
Address: Pocomke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-6-40 (month) (day) (year)
Cemetery or crematory: Staggville Cemetery
Location: Near Pocomoke City, Md.
18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.

19. Oct. 5th (Date rec'd by registrar) 1940 Asa E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 30 1940, at 9:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Pulmonary hemorrhage due to tuberculosis — DURATION: 3 hrs

Due to — DURATION:

Due to — DURATION:

Other conditions — DURATION:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: John L. Riley Dep. Med Exam. M. D. or other
Address: Brown Hill. Md. Date signed 10/1/40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-a

09969

CERTIFICATE OF DEATH

Reg. Diat. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: md County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Virginia Mc Gregory

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	col	S

6.(b) Name of husband or wife —

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1940

8. AGE: Years	Months	Days	If less than one day
Female	—	1	... hrs. ... min.

9. Birthplace md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Granville Mc Gregory

13. Birthplace md

MOTHER 14. Maiden name Helen Parks

15. Birthplace md.

16. Informant Granville Mc Gregory

Address Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 10 1940 (month) (day) (year)

Cemetery or crematory Berlin

Location Evergreen

19. Funeral director J. W. Burbage

Address Berlin md.

19. 9-10- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940 at 7:P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 9 1940 to Sept 9 1940

and that I last saw h... alive on Sept 9 1940

Immediate cause of death	DURATION
Intracranial Hemorrhage	1 day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederick L. Incell M. D. M. D. or other

Address Berlin, Md Date signed 9.9.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 9 1940
BUREAU Y. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09970

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (931)

County Worcester Registration Dist. No. 353

Village or City Bishopville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hallie Walters Mumford

(a) Residence: No. Bishopville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	colored	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry D. Mumford

6. DATE OF BIRTH (month, day, and year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bishop (State or country) Maryland

FATHER

13. NAME William Walters

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Handy

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Henry D. Mumford (Address) Bishopville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Stowell Cem. Date Sept. 21, 1940

19. UNDERTAKER Marguette N. Watson (Address) Pocomoke City, Md.

20. FILED Sept 20 1940 Mrs. R. J. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 18, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1940, to Sept 18, 1940

I last saw h[illegible] alive on Sept 17, 1940, death is said to have occurred on the date stated above, at 8 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederick J. Mccall M. D.

(Address) Berlin, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of **home housework, write housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
OCT 3 1929
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

09971

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Ocean City, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 626-6th St. N.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Charles Munro

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary T. Munro

6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Feb. 8th 1892

8. AGE: Years	Months	Days	If less than one day
48	6	21	____ hrs. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Plasterer

11. Industry or business

FATHER 12. Name Alex Munro

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Forbus

15. Birthplace Maryland

16. Informant Mrs. Charles Munro

Address Washington, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 13, 1940 (month) (day) (year)

Cemetery or crematory Cefar Hill Cem.

Location Washington, D.C.

18. Funeral director J.W. Burbage

Address Berlin, Md.

19. 9/4/40 19____ (Date rec'd by registrar) I.S. Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1st. 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~Sept. 1st. 1940~~, to ____ 19____,

and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Drowning	
Due to Falling from boat	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operation

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9/1/40

Where did injury occur? Ocean City, Wor. Md. in At. Ocean at Inlet
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Falling from boat in heavy sea Injured at work? no

23. SIGNATURE John L. Riley Md. Exam.
M. D. or other

Address Snow Hill, Md. Date signed 9/4/40

RECEIVED
SEP 18 1940
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64a)

09972

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County Worcester
City or town Ocean City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Ocean City Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles William Parsons

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Amelia Parsons
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21 1866

8. AGE:

Years	Months	Days	If less than one day
74	1	5	hrs. min.

9. Birthplace Ocean City Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Charles Parsons
FATHER 13. Birthplace Maryland
MOTHER 14. Maiden name Mary Jane Bratten
MOTHER 15. Birthplace Maryland
16. Informant Amelia Parsons
Address Ocean City
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 28 1940 (month) (day) (year)
Cemetery or crematory Evergreen
Location Berlin Md.
18. Funeral director J. A. Burbage
Address Berlin Md.
19. 9-28-1940 (Date rec'd by registrar) Helen E. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940, at 8.15 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from —19—, to —19—, and that I last saw h— alive on —19—.

Immediate cause of death Strangulation Caused by hanging – Suicide — DURATION five minutes
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 9/26/40
Where did injury occur? Worcester Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Hanging Injured at work? No

23. SIGNATURE John L. Riley Dep. Med Ex.
M. D. or other
Address Snow Hill Md Date signed 9/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

09973

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 27 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Market St.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Elizabeth J. Pilchard

3. (b) Social Security Number ✓

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or w Ira Thomas Pilchard
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) February 11, 1843

8. AGE: Years 97 Months 7 Days 4 If less than one day hrs. min.

9. Birthplace Near Pocomoke, Worcester, Md
(Town, county, and state)
10. Usual occupation Keeping own home
11. Industry or business
FATHER 12. Name Major Hancock
13. Birthplace Md
MOTHER 14. Maiden name Ellen Hancock
15. Birthplace Md
16. Informant Mr. Herman Pilchard
Address Pocomoke City, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 18, 1940 (month) (day) (year)
Cemetery or crematory Goodwill Cemetery
Location Near Pocomoke City, Md.
18. Funeral director Margarette H. Watson
Address Pocomoke City, Md.
19. Sept 18 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15th 1940 at 6 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1931 19 to Sept 1940, and that I last saw her alive on Sept 12th 1940.
Immediate cause of death Chronic Myocarditis
DURATION DK years
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. E. Sartorius M. D. or other
Address Pocomoke City Md Date signed 9/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

09974

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Berlin Rural #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Berlin Rural #1
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Frank Pucel

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Unknown

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: about 71 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Samuel Holland
Address: Newark Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 25/40 (month) (day) (year)

Cemetery or crematory: Whatcoat Md

Location: Snow Hill Md

18. Funeral director: Hearne & Dennis
Address: Snow Hill Md

19. 9/23/40 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 22 1940 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 17 1940 to Sept 22 1940 and that I last saw him alive on 7-21 1940

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to:

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Clifford E. Schott M. D. or other

Address: Newark Md Date signed: 9-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (950)

09975

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:
County: Worcester
City or town: Stockton Rural Route
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Stockton Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Joseph H. Richardson

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6.(b) Name of husband or wife: Emma Richardson
6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Feb 1 1885

8. AGE: Years	Months	Days	If less than one day
55	7	24	...hrs. ...min.

9. Birthplace: Stockton, Maryland
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: George E. Richardson
13. Birthplace: Stockton, Md
MOTHER 14. Maiden name: Elizabeth Collins
15. Birthplace: Maryland
16. Informant: Mrs Emma Richardson
Address: Stockton, R. R.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 27/40 (month) (day) (year)
Cemetery or crematory: M. E. Cemetery
Location: Stockton Md
18. Funeral director: Healne F. Bennett
Address: Snow Hill Md
19. Sept 27 1940 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 25 1940, at 1. a. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw b... alive on ... 19...

Immediate cause of death	DURATION
Heart failure, variety unknown, and Coma	
Due to: at no history that	
owned thereon any light	Instant
Due to: on it	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Chas L. Riley Dep. Med Exam. M. D. or other
Address: Snow Hill. Md Date signed: 9/25/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09976

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Girdletree Rural #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 52 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Girdletree Md Rural #1
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME Leah E. Wales

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife Samuel H. Wales
6.(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Dec. 19 - 1887

8. AGE: Years	Months	Days	If less than one day
52	8	27	hrs. min.

9. Birthplace Girdletree Worcester Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Housework
FATHER 12. Name Morris Harmon
13. Birthplace Maryland
MOTHER 14. Maiden name Robinson
15. Birthplace "
16. Informant Samuel H. Wales
Address Girdletree Md Rural #1
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 18/40 (month) (day) (year)
Cemetery or crematory Coulbourn
Location Girdletree Md
18. Funeral director Pearre & Timmons
Address Snow Hill Md
19. 9/17 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 1940 at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23, 1940, to Sept. 16, 1940 and that I last saw h[illegible] alive on Sept. 13, 1940

Immediate cause of death	DURATION
Acute Exacerbation of	Few days
Due to Chronic Int. Nephritis	
Due to Myocarditis	Unk
Other conditions Hypertension, Aortic Aneurysm	Several yrs

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. H. Sembly M. D. or other
Address Salisbury Md Date signed 9/17/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151)

09977

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester.

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 82 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester.

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Andasia Robbins Wise.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 6, 1857.

8. AGE:

Years	Months	Days	If less than one day
82	9	27	..... hrs. ..... min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: Retired teacher

11. Industry or business

FATHER

12. Name: James Wise.

13. Birthplace: Pa.

MOTHER

14. Maiden name: Elizabeth Short.

15. Birthplace: Delaware.

16. Informant: Mrs. J. Edward Taylor

Address: Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/5/40 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Berlin, Md

18. Funeral director: J. W. Burbage

Address: Berlin, Md.

19. 9-5 (Date rec'd by registrar) 1940 Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 3 1940 at 5:0 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1940 to September 3 1940 and that I last saw her alive on September 3 1940

Immediate cause of death	DURATION
Toxicemia	3 days
Due to: Septicemia	5 days
Due to: Carbuncle	3 wks.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Frederick A. Ewell M.D.
M. D. or other

Address: Berlin, Md Date signed 9-5-40

RECEIVED
OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09978

Reg. Diat. No. 351

1. PLACE OF DEATH:
County: Worcester
City or town: Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 27 Yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pennsylvania County: Delaware
City or town: Collingdale
(If outside city or town limits, write RURAL and give nearest town)
Street No. 408 Collingdale
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Jennie M. Woffenden

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Thomas C. Woffenden
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 11 - 1869

8. AGE: Years 71 | Months 6 | Days 16 | If less than one day: ..... hrs. ..... min.

8. Birthplace: Missouri (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER 12. Name: John Gilmore
13. Birthplace: Unknown
MOTHER 14. Maiden name: Rosa Eleanor
15. Birthplace: Unknown
16. Informant: Mrs Frank C. McCurdy
Address: 408 Collingdale ave, Collingdale, Pa.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 6/40 (month) (day) (year)
Cemetery or crematory: Woffenden Sandy Hill Farm.
Location: Snow Hill Md
18. Funeral director: Deane & Dennis
Address: Snow Hill Md
19. 9/6/40 (Date rec'd by registrar) L. Coy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 4 1940, at 10 01 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1940, to Sept. 4 1940
and that I last saw ~~or~~ alive on Sept 4 1940

Immediate cause of death	DURATION
Acute Dilation of Heart	30 m.
Due to	
Due to Chr. Myocarditis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: F. L. Waesche, M.D.
M. D. or other
Address: Snowhill, Md Date signed: 9/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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OCT 4 1940
BUREAU V. S.